MEDICAL CARE ADVISORY COMMITTEE PUBLIC MEETING
ON 1115 PRIMARY CARE NETWORK (PCN) DEMONSTRATION WAIVER

Minutes of the December 11, 2012 Meeting

IN ATTENDANCE

PRESENT: Lincoln Nehring, Russ Elbel, Matthew Slonaker, Greg Myers, Pasu Pasupathi, Tina Persels, Michael Hales

EXCUSED: Warren V. Walker, LaPriel Clark, E. David Ward

ABSENT: Mauricio Agramont, Kevin Burt, Rebecca Glathar, Jason J. Horgesheimer, LaVal B. Jensen, Michelle McOmber, Andrew Riggle, Marie Christman, Debra Mair

STAFF: Emma Chacon, Nate Checketts, Sheila Walsh-McDonald, Gail Rapp, Josip Ambrenac, Gayle Coombs

Lincoln Nehring called the meeting to order at 3:37 p.m.

Emma Chacon then explained what we are meeting here for today. The purpose of the meeting is to get a little background information on the 1115 Primary Care Network (PCN) Demonstration Waiver Application for Extension and give comments on it. A copy of a document in regard to this waiver was handed out to everyone. This waiver has only been approved for three years by CMS. The current waiver is set to expire on June 30, 2013. The application for renewal has to be submitted by the end of this month. Emma went over what this waiver covers and includes. She said they are currently making a recommendation to CMS to extend the waiver without any changes or amendments.

Michael Hales said he appreciated Emma's introduction. He said, like Emma said, we feel we need to submit the waiver extension the way it is now. The effective date would be July 1, 2013, and it would be effective for the next three years. CMS may question the three year renewal as the implementation of the policies in the Affordable Care Act (ACA) would play into ongoing program coverage. The reasons to continue the waiver as it stands now were then discussed. The approximate current cost of the program is $18,000,000 to $20,000,000 a year in State and Federal funds, depending on how many open enrollments were held. The State general funds are usually around $5,000,000 to $6,000,000 and incorporated in annual budget projections. The waiver is eligible for the 70-30 match rate.

Lincoln had some comments and questions in regard to this and the cost of the waiver. Michael said PCN covers the population between 19 and 64 years of age. He said this program is a limited enrollment program and mentioned the different things it covers. Approximately 14,000 to 20,000 individuals are usually put on this program during the year. He said they usually don't hold an open enrollment for this program until it gets down to 14,000 individuals.

Nate Checketts had some comments in regard to the numbers for this program. A discussion was held about the program's potential to serve individuals in this age range, with estimates being difficult to generate as Medicaid eligibility factors (citizenship; available insurance; etc.) are unknowns. Michael then discussed the impact under the Affordable Care Act (ACA), if we looked at the option for the State to expand as it believed that these people would be eligible for a full Medicaid benefit package. Michael mentioned a lot of the things the State is looking at in regard

to the potential savings for the State and the potential costs. This would be if they do the Medicaid expansion. Long-term cost/benefit projections need to be completed, especially when the Federal match rate decreases.

Emma explained how an extension plan was put in for this to CMS a while ago. She said after we get approval for the extension, other things could occur. Transition planning would likely be necessary depending on what occurs with Medicaid expansion. Michael then discussed how special consideration would need to be made for those between 138 and 150% of the Federal Poverty Limit. Significant changes to the UPP (Utah Premium Partnership) program may occur depending on what happens with subsidies and the insurance exchange. Far too many unknowns exist to include information on these items for the current renewal.

Greg Myers asked what the Federal poverty level is. Michael said it would depend on the number of people in the household. The poverty level depends on the family size, as shown below:

Family Size	**Federal Poverty Level**
One	$11,172.00
Two	$15,000.00
Three	$19,000.00
Four	$23,000.00
Five	$27,000.00
Six	$31,000.00
Seven	$35,000.00

Michael said the figures change every year. The amounts can be found online with a quick seach. PCN goes up to 150% of the Federal poverty level for the limited benefit package. UPP is able to go up to 200% of the Federal poverty level to help families receive a subsidy for their health insurance.

Emma explained how people can quality for the subsidy. The employer has to contribute at least 50%. They are required to be income eligible and uninsured for a certain period of time to qualify for this program.

Tina Persels had some questions in regard to the UPP program and enrolling for coverage, specifically in a situation where a family may begin enrollment (in their private insurance) and realize shortly after that they are unable to afford paying for continuing coverage. Emma stated that as long as the application for the program is submitted prior to the effective date of the insurance coverage, UPP eligibility can be explored. This program does not have an open enrollment period to apply (Medicaid), and can be explored outside of a private company's normal open enrollment for their insurance.

Michael then re-capped the current coverage options. Those who are between the ages of 19-64, whose income is less than 150% of the poverty limit and do not have access to affordable health insurance may apply for PCN during its open enrollment periods. For those with employer sponsored insurance and income less than 200% of the poverty limit may qualify for the UPP subsidy. The implications of the insurance exchange were then discussed, especially with what is deemed to be "affordable". Nate Checketts stated you cannot be eligible for Medicaid or CHIP and be on the exchange. Affordability is determined to be premiums that are 9.5% or less of the family's earnings.

The coverage PCN offers for emergency room care was then discussed. Michael said certain services are covered in the emergency room, but there is not coverage for in-patient hospital care. Previously, many of the medical care companies in Utah used to commit funds to pay for the care of these individuals, it is now done more on a case by

case basis. Emma said they have been working with some of the providers to get coverage or charity care provided for these people.

Michael said the legislature needs to make a decision by 2014 on whether the State wants to elect to have Medicaid expansion and receive the full three years of 100% federal contribution. He said if the State chooses not to do the expansion, we would have to restructure the PCN Program in certain areas. CMS will have six months to review the renewal request between January and June to make their decision on this, and they will have to notify us by July 1. Significant discussions with CMS are expected, especially where this is a demonstration waiver. It is possible CMS may impose an end date on the program much earlier than the three year time-frame it normally covers. Encouragement for expansion could be part of the discussion, however it is believed that CMS would not likely want to cause individuals to lose even this limited benefit.

Russ Elbel asked if we had any satisfaction survey data for the population that is served by this program. Emma said we had not done any for some years now. Russ asked if the utilization is spread across the state or just to certain providers. Emma said that the Health Clinics of Utah are the typical providers for this program as other providers are hesitant to take on some of these clients, especially if it is thought that their medical needs may increase. Michael said what we pay for is preventive care with some minor prescription benefits, but that is often enough to stabilize someone's health condition. It also does offer some preventative dental care, something not found in many other traditional Medicaid programs. Lincoln asked if we have been able to help by offering the preventive care. Emma said we have, a significant drop in emergency room care was observed in the first few years, that benefit has somewhat plateaued at this time. When the report and application are completed, they will present a copy of it to the MCAC.

Michael mentioned some codes that are covered under PCN that are not covered under the adult Medicaid program. This was in response to a question from Russ. Emma mentioned that when someone applies for PCN, our HPRs contact them to make sure they are aware of everything about the program and know what it covers. There is a handbook they are given, also. Confusion with emergency care coverage remains a concern, additional education to program enrollees needs to be provided. Michael said he will be able to give the MCAC members a copy of the waiver document that is submitted.

Michael said we could carry this discussion to the next MCAC Meeting and, hopefully, more people would be in attendance and we could make a decision. Everyone agreed that this should be put on the agenda for next week's MCAC Meeting.

Emma said she would really appreciate a letter of support for the PCN Waiver from the MCAC, as one was also completed by the Utah Indian Health Advisory Board. Lincoln asked if Emma could be present to discuss this information at the December 20th MCAC and have the committee vote to offer support on the renewal.

There was no other business, so the meeting was adjourned at 4:35 p.m.